

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization <u>RHONDA BOYLES FOR MAYOR</u>		Employer identification number <u>92-0172826</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>PO BOX 71717</u>		
City or town, state, and ZIP code <u>FAIRBANKS AK 99707-1717</u>		<div>RECEIVED AUG 04 2000 OGDEN, UT IRS-OSC</div>
3 E-mail address of organization <u>rhonda@gci.net</u>		
4a Name of custodian of records <u>GORDON COOPER</u>	4b Custodian's address <u>PO Box 73493</u> <u>FAIRBANKS AK 99707</u>	
5a Name of contact person <u>GORDON COOPER</u>	5b Contact person's address <u>PO Box 73493</u> <u>FAIRBANKS AK 99707</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <u>SAME</u>		
City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
MUNICIPAL PUBLIC OFFICE, MAYOR NORTH STAR BOROUGH, AK.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
		<u>NONE</u>

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) RHONDA BOYLES FOR MAYOR	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) PO BOX 71717	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code FAIRBANKS, AK 99707-1717	5b City, state, and ZIP code
6 County and state where principal business is located NORTH STAR BOROUGH	
7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ► GORDON R. COOPER, TREASURER (006-52-7231)	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ► POLITICAL ORGANIZATION	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
<input checked="" type="checkbox"/> Other (specify) ► IRC SEC. 527	

10 Date business started or acquired (month, day, year) (see instructions) 4-25-00	11 Closing month of accounting year (see instructions) DECEMBER
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ...	► N/A		
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ...	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► MUNICIPAL PUBLIC OFFICE

15 Is the principal business activity manufacturing? ... If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? ... Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► GORDON COOPER, TREASURER

Signature ►  Date ► 7/31/00

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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For Privacy Act and Paperwork Reduction Act Notice, see page 4.